

OCA REMAND TYPING REQUEST

Analyst: _____ OCA Div. _____ Date: _____

DUE DATE: _____ () Time Limit

Please prepare the following items:

I. Remand Order

() Final typing of () Standard () Class Action _____ (specify)
() Draft Typing of () De Novo () Other (attached)

(Claimant) (Benefits claimed)

(Wage Earner, if different) (SSN)

If remand is for de novo hearing, date of prior hearing proceedings which cannot be transcribed: _____

Appeals Council Administrative Appeals Judge(s)
() Director, OCA, as A Administrative Appeals Judge
() "A" AAJ: _____ "B" AAJ: _____

II. Remand Cover Letter

To: (Attorney's Address) cc: (Claimant's Address)

Court Jurisdiction : _____
Civil Action Number: _____
Hearing Office : _____
City and State

Annotate additional cc's for OGC, HOCALJ and RCALJ

III. Earnings Record Request

Name _____ () Special Earnings Req. (attached)
SSN _____
DOB _____

IV. Route Slip to HOCALJ**V. Mailing Label to HO shown above****VI. Analysis to AC () draft attached**

Disposition: () Return to Analyst () Forward to clerk for release